



Nursery Registration Form

Date of Registration:

Child's Details

First name:	Surname:	What s/he likes to be called:
Date of birth:	Birth Certificate No: Staff sign & date when seen:	First language:

Parent/Guardian details

Title:	First name:	Surname:	Title:	First name:	Surname:
National Insurance Number:			National Insurance Number:		
Date of Birth:			Date of Birth:		
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Email address:			Email address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Work address:			Work address:		
Does this person have parental responsibility? Yes / No What is this person's relationship to the child?			Does this person have parental responsibility? Yes / No What is this person's relationship to the child?		
Does anyone else have parental responsibility for this child? Yes / No (If yes, please provide details on separate sheet.)					
Is the child subject to a court order? Yes/No					
If for any reason the main carer or nominated carer already known to us is unable to collect your child, the person you send to collect will be required to give us your password in order that we let your child leave with that person. Family Password:					

Emergency Contact Details -Please provide details of two **local** people we can contact if we are unable to get hold of you. (It is essential that you have informed these people that they are your emergency contacts)

Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

Child's Doctor

Name of Doctor:	
Address:	Telephone:

About your child

Does your child have any known medical problems or additional needs? If 'yes' please provide full details here including any medication taken.

Where medication is needed an additional consent form and management plan will be put in place

Date of most recent tetanus vaccination:

Has your child had his/her 2-year health check with the health visitor? Yes / No

If 'No' when is it due?

If 'Yes', were there any concerns arising?

Is your child being supported by any other professionals or agencies e.g. speech therapist, social worker? Please give details:

Do we have your permission to share information with these professionals? Yes / No

Please detail any dietary requirements/food allergies for your child: (please provide full details)

An Allergy Management Plan will be put in place where required.

Does your child have any other known allergies or major dislikes? (please provide full details)

An Allergy Management Plan will be put in place where required.

Permission Statement

In the event that my child requires immediate medical treatment before I can get to the hospital I hereby authorise the staff member present to consent to any emergency medical treatment necessary to ensure the health and safety of my child on my behalf.

Signed by parent/carer:

Date:

Please specify your ethnicity:

- White
- Mixed / multiple ethnic groups
- Asian / Asian British
- Black / African / Caribbean / Black British
- Other ethnic group

What is the main religion in your family?

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is with us?

Do you give permission to take your child on 'local' trips without completing a separate permission slip? These trips would only be in walking distance e.g. local church and shop.

Yes / No

What days and hours would you like to book? (This will be confirmed to you subject to availability)

Please write hours required underneath the preferred days.

Monday

Tuesday

Wednesday

Thursday

Friday

Preferred start date:

Signature of Parent/Carer

Date:



OOS Club Registration Form

Date of Registration:

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Date of birth:	Birth Certificate No: Staff sign & date when seen:	First language:

Parent/Guardian details

Title:	First name:	Surname:	Title:	First name:	Surname:
Date of Birth:			Date of Birth:		
Home address:			Home address (if different):		
Does this child normally live at this address? Yes / No			Does this child normally live at this address? Yes / No		
Email address:			Email address:		
Home number:	Mobile number:	Work number:	Home number:	Mobile number:	Work number:
Work address:			Work address:		
Does this person have parental responsibility? Yes / No What is this person's relationship to the child?			Does this person have parental responsibility? Yes / No What is this person's relationship to the child?		
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Address:		Relationship to the child:
Name:	Telephone number:	Mobile number:
Address:		Relationship to the child:

Child's Doctor

Name of Doctor:	
Address:	Telephone:

About your child

Does your child have any known medical problems or additional needs? If 'yes' please provide full details here including any medication taken.

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Emergency Medical Treatment

In the event of an emergency we will contact parents as soon as possible, however they may not be contactable or unable to get to the setting quickly enough for the nature of the incident. In these situations, we request permission to seek emergency medical treatment for your child.

In such circumstances, I/We give permission for the staff member present to consent on my behalf to any emergency medical treatment necessary to ensure the health and safety of my child.

Signed by parent/carer:

Date:

Please specify your ethnicity:

- White
- Mixed / multiple ethnic groups
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Do you give permission to take your child on 'local' trips without completing a separate permission slip? These trips would only be in walking distance e.g. local church and shop.

Yes / No

Signature of Parent/Carer

Date:
